

Appeal Type: Behavioral Health Services	Appeal Category: Out Patient Out-of-plan Provider
Case Number: 0100032	Appeal Decision: Upheld
Case Summary: Patient requesting services from an out-of-plan therapist to treat an eating disorder and depression.	Reason for Decision: External review agency determined that services are available with an in-plan provider. It is not medically necessary for the patient to go out of the network. Therefore out-of-plan services are not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Out Patient Out-of-plan Provider
Case Number: 0100033	Appeal Decision: Upheld
Case Summary: Patient requesting services from an out-of-plan therapist. Patient had worked with this therapist in the past for about 15 years.	Reason for Decision: External review agency determined that this is considered a new incident since the patient hadn't seen the therapist for a few years. Even if it was not a new incident, the patient would have to see an in-plan therapist if there are services available, according to the health plan's contract. Therefore, an out-of-plan therapist is not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Out Patient Out-of-plan Provider
Case Number: 0100038	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for out-of-plan therapist she has been seeing for 4 years. Patient and therapist claim disruption in service could cause relapse. Patient claims health plan promised 20 more visits. They allowed 4 transition visits.	Reason for Decision: External review agency determined an out-of-plan therapist is not medically necessary since the provider's services are not unique and similar services can be provide through an in network provider. Therefore out-of-plan therapy is not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Substance Abuse
Case Number: 0100046	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for full 28 day stay at substance abuse clinic. Health plan was not informed of admission, so it had to determine coverage retrospectively. Health plan determined only 10 days were medically necessary.	Reason for Decision: External review agency determined that services were not medically necessary because the patient self-admitted and there were no incidences during the stay. Patient could have been treated in a lower, less intensive level of care, such as outpatient services. Therefore, the last 18 days of the patient's stay are not medically necessary and not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care – Not Medically Necessary
Case Number: 0100068	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services in a facility that is not within the patient's "referral circle".	Reason for Decision: External review agency determined that services were medically necessary and the treatment facility is contracted with the health plan although not within the patient's referral circle. Therefore, inpatient behavioral health services are a covered benefit in this case.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care – Not Medically Necessary
Case Number: 0100071	Appeal Decision: Upheld
Case Summary: Patient requesting continued coverage for inpatient behavioral health services.	Reason for Decision: External review agency determined that the patient was stable at the time of discharge and could have been treated at a lower level of care as the health plan suggested. Therefore, services are not medically necessary and not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Out-of-plan Provider
Case Number: 0100090	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for substance abuse treatment at an out-of-plan hospital claiming proper services were not available at the network hospital.	Reason for Decision: External review agency determined this type of treatment was medically necessary. The admission to an out-of-plan hospital should be covered due to the fact that a contracted treatment provider directed the patient to the services on appeal and the health plan did not redirect the patient or authorize alternate treatment. Therefore this service is a covered benefit for this patient at this time.

Appeal Type: Behavioral Health Services	Appeal Category: Substance Abuse
Case Number: 0100099	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for rehab hospital to treat alcohol issues.	Reason for Decision: External review agency determined that this level of treatment was not medically necessary for the patient and is therefore not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0100100	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient stay after psychotic episode.	Reason for Decision: External review agency determined that the first two days should be covered since they were medically necessary to stabilize the patient and form a proper discharge plan. The rest of the days were not medically necessary and should not be covered.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100101	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan therapist with whom he has built a therapeutic relationship.	Reason for Decision: External review agency determined that there are in-plan providers that can provide the same level of care. The patient's condition is not rare and the current medication regimen has allowed for steady improvement. Therefore, it is not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100106	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for a Christian therapist out of the health plan's network.	Reason for Decision: External review agency determined that an out-of-plan therapist should not be a covered benefit in this case since there was no prior approval from the health plan or any reason given by the primary care physician as to why this therapist is medically necessary.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100109	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan therapist with whom he has built a working therapeutic relationship.	Reason for Decision: External review agency determined that therapy with an out-of-plan provider is not a covered benefit in this case since the insured was not able to provide any information showing that it was medically necessary to get out of the network for psychotherapy.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100110	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for out-of-plan mental health services.	Reason for Decision: External review agency determined that the treatment requested is not the only successful treatment in these types of cases and services are available through in-plan-providers. Therefore it is not medically necessary to use an out-of-plan provider.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0100127	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for acute inpatient services. Doctors claim the patient continues to have suicidal ideations and it would be unsafe to discharge him.	Reason for Decision: External review agency determined that the patient's condition is chronic and therefore, this level of care is not the most appropriate level of service at this time. Therefore, the services should not be covered beyond the health plan's final date of coverage.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100142	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for eating disorder therapy with an out-of-plan provider. Patient claims she attempted services with network providers and was informed that they weren't taking new patients. Insured found a doctor in the service area, called the health plan and was told that doctor is "in the system".	Reason for Decision: External review agency determined services can be provided by an in-plan provider. However, they also determined that visits with the out-of-plan provider should be covered until the patient can be transitioned to an in-network provider.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100143	Appeal Decision: Overturned
Case Summary: Patient requesting coverage to see an out-of-plan therapist for treatment of an eating disorder. Patient has been with this therapist for 6 months now and claims to have a working relationship that could not be established with the previous two therapists.	Reason for Decision: External review agency determined the therapist is using the proper technique for eating disorder treatment, the patient unsuccessfully attempted to find useful services in-plan, and a change in therapy at this time would be detrimental. Therefore out-of-plan services should be covered for this patient.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0100148	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health treatment while waiting for a bed to open in another facility, which could take 2-3 weeks.	Reason for Decision: External review agency determined this level of care was necessary while waiting for a bed to open because of the patient's continued feelings of depression and her attempt to overdose when previously at a lesser level of care. Therefore, services should be covered.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0100150	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for out-of-plan inpatient behavioral health treatment after unsuccessful treatment with one provider and being denied entry into others because they were not taking new patients.	Reason for Decision: External review agency determined that services should be covered since the insured tried repeatedly to receive services from an in plan provider without success.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0100152	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient mental health services. Health plan contended that 24hr. acute inpatient services were not medically necessary and the patient could have been treated at a less intensive level of care.	Reason for Decision: External review agency determined this intensive level of services was not medically necessary since the patient showed no signs of psychosis, was med compliant, and had no suicidal or homicidal ideation.

Appeal Type: Behavioral Health Services	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0100154	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for acute inpatient mental health services.	Reason for Decision: External review agency determined that it was not medically necessary for this patient to receive intensive 24hr. services beyond the initial authorization date.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100156	Appeal Decision: Upheld
Case Summary: Patient requesting coverage to see an out-of-plan therapist.	Reason for Decision: External review agency determined that the health plan has in-plan providers capable of handling this particular case and actually has in-plan centers that would probably be more beneficial to this patient at this time. Therefore, out-of-plan services are not medically necessary.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100158	Appeal Decision: Upheld
Case Summary: Patient requesting coverage to see an out-of-plan therapist. The patient recently switched health plans, but has been with this therapist for a while now.	Reason for Decision: External review agency determined that the supportive and problem-oriented therapy could be provided by and in-plan therapist, is not medically necessary, and therefore not a covered benefit.

Appeal Type: Behavioral Health Services	Appeal Category: Outpatient Care Out-of-plan Provider
Case Number: 0100172	Appeal Decision: Overturned
Case Summary: Patient requesting coverage to see an out-of-plan therapist to accommodate a language barrier.	Reason for Decision: External review agency determined that this therapist provides a unique service for this patient based on the ethnic and language barriers. These services are not available in the health plan's network and should, therefore, be a covered benefit for this patient.